

PATENT COOPERATION TREATY

From the
INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY

PCT

To:

Cicogna, Franco
UFFICIO INTERNAZIONALE BREVETTI
DOTT. PROF. FRANCO CICO GNA
Via Visconti di Modrone 14/A
I-20122 Milano
ITALIE

NOTIFICATION OF RECEIPT OF DEMAND BY COMPETENT INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY

(PCT Rules 59.3(e) and 61.1(b), first sentence
and Administrative Instructions, Section 601(a))

Date of mailing
(day/month/year)

13-11-2003

Applicant's or agent's file reference

02/233/EST

IMPORTANT NOTIFICATION

International application No.

PCT/ IT 03/ 00053

International filing date (day/month/year)

04/02/2003

Priority date (day/month/year)

06/12/2002

Applicant

FAVAGROSSA EDOARDO S.R.L. et al.

1. The applicant is hereby **notified** that this International Preliminary Examining Authority considers the following date as the date of receipt of the demand for international preliminary examination of the international application:

04/11/2003

2. This date of receipt is:

- ☒ the actual date of receipt of the demand by this Authority (Rule 61.1(b)).
- ☐ the actual date of receipt of the demand on behalf of this Authority (Rule 59.3(e)).
- ☐ the date on which this Authority has, in response to the invitation to correct defects in the demand (Form PCT/IPEA/404), received the required corrections.

3. ☐ **ATTENTION:** That date of receipt is **AFTER** the expiration of 19 months from the priority date. Consequently, the election(s) made in the demand does (do) not have the effect of postponing the entry into the national phase until 30 months from the priority date (or later in some Offices) (Article 39(1)). Therefore, the acts for entry into the national phase must be performed within 20 months from the priority date (or later in some Offices) (Article 22). For details, see the *PCT Applicant's Guide*, Volume II.

- ☐ (If applicable) This notification confirms the information given by telephone, facsimile transmission or in person on:

4. Only where paragraph 3 applies, a copy of this notification has been sent to the International Bureau.

Name and mailing address of the IPEA/

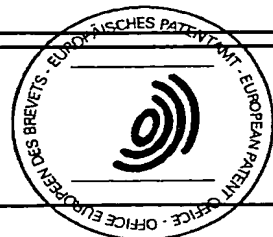


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The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ EUROPEAN PATENT OFFICE

VIA DHL

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only

Identification of IPEA		Date of receipt of DEMAND	
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference 02/233/EST	
International application No. PCT/IT03/00053	International filing date (day/month/year) 4 FEBBRAIO 2003 (04.02.03)	(Earliest) Priority date (day/month/year) 6 DECEMBER 2002 (06.12.02)	
Title of invention WASHING BRUSH FOR AUTOMATIC MOTOR VEHICLE WASHING SYSTEMS			
Box No. II APPLICANT(S)			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) FAVAGROSSA EDOARDO S.r.l. VIA LEPANTO 51 26040 RONCADELLO DI CASALMAGGIORE (CREMA) ITALY		Telephone No.	
		Facsimile No.	
		Teleprinter No.	
		Applicant's registration No. with the Office	
State (that is, country) of nationality: ITALY		State (that is, country) of residence: ITALY	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) FAVAGROSSA, Francesco VIA TEATRO 12 46018 SABBIONETA (MANTOVA) ITALY			
State (that is, country) of nationality: ITALY		State (that is, country) of residence: ITALY	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)			
State (that is, country) of nationality:		State (that is, country) of residence:	
<input type="checkbox"/> Further applicants are indicated on a continuation sheet.			

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCEThe following person is ☒ agent ☐ common representativeand ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

CICO GNA, Franco

UFFICIO INTERNAZIONALE BREVETTI

DOTT. PROF. FRANCO CICO GNA

VIA VISCONTI DI MODRONE 14/A

20122 MILANO

ITALY

Telephone No.

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Facsimile No.

+39.02.76021470

Teleprinter No.

Agent's registration No. with the Office

☐ **Address for correspondence:** Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filedthe description ☒ as originally filed☐ as amended under Article 34the claims ☒ as originally filed☐ as amended under Article 19 (together with any accompanying statement)☐ as amended under Article 34the drawings ☒ as originally filed☐ as amended under Article 342. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: ENGLISH

☐ which is the language in which the international application was filed.☐ which is the language of a translation furnished for the purposes of international search.☒ which is the language of publication of the international application.☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.**Box No. V ELECTION OF STATES**The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT)*

excluding the following States which the applicant wishes not to elect:

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | |
|--|---|--------|
| 1. translation of international application | : | sheets |
| 2. amendments under Article 34 | : | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets |
| 5. letter | : | sheets |
| 6. other (<i>specify</i>) | : | sheets |

For International Preliminary
Examining Authority use only

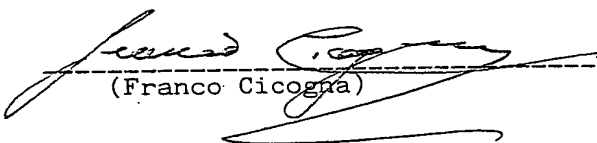
received	not received
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listings in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in computer readable form related to sequence listings |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input checked="" type="checkbox"/> other (<i>specify</i>): EPO FORM 1010 |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).


(Franco Cicogna)

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

- | | |
|--|---|
| 3. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply. | <input type="checkbox"/> The applicant has been informed accordingly. |
| 4. <input type="checkbox"/> The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5. | |
| 5. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82. | |

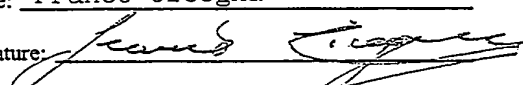
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Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand

International application No. PCT/IT03/00053	For International Preliminary Examining Authority use only
Applicant's or agent's file reference 02/233/EST	Date stamp of the IPEA
Applicant FAVAGROSSA EDOARDO S.r.l. et al.	
CALCULATION OF PRESCRIBED FEES	
1. Preliminary examination fee	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">1.530,00 EURO</div> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-left: 5px;">P</div>
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">159,00 EURO</div> <div style="border: 1px solid black; display: inline-block; padding: 2px 5px; margin-left: 5px;">H</div>
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box.....	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">1.689,00 EURO</div> <div style="border: 1px solid black; display: inline-block; padding: 2px 10px; margin-top: 2px;">TOTAL</div>
MODE OF PAYMENT	
<input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i>	
<input checked="" type="checkbox"/> Authorization to charge the total fees indicated above.	IPEA/ <u>EP</u>
<input checked="" type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Deposit Account No.: <u>28070095</u>
	Date: <u>NOVEMBER 4, 2003</u>
	Name: <u>Franco Cicogna</u>
	Signature: 



Payment of fees and costs

European Patent Office
Treasury and Accounts Directorate
D - 80298 München
Fax: (+49-89) 2399 - 2528

Please complete in typescript only

01	Name of payer	UFFICIO INTERNAZIONALE BREVETTI	Payer's reference	02/233/EST
		DOTT. PROF. FRANCO CICOGNA		
02	Address	VIA VISCONTI DI MODRONE 14/A	Mode of payment	Bank/Giro Office
		20122 MILANO	<input type="checkbox"/> Bank/Giro transfer ¹	
		ITALY	<input type="checkbox"/> Enclosed Cheque No.	
			<input checked="" type="checkbox"/> Debit from deposit account with the EPO is requested ²	Deposit account No. 28070095

Patent application / Patent No. (A separate form is required for each application)				
03	EP	PCT	PCT/IT03/00053	03

	Code		Currency	Amount
04	001	Filing fee	EUR	
05	002	Search fee	EUR	
06	005	Designation fee(s) ³	EUR	
07	015	Claims fee(s) (Rule 31(1) EPC)	EUR	
08	055	Additional copy	EUR	
09	006	Examination fee	EUR	
10	007	Fee for grant including fee for printing (up to 35 pages)	EUR	
11	008	Additional fee for printing (more than 35 pages)	EUR	
12	033	Renewal fee for the 3rd year	EUR	
13	034	Renewal fee for the 4th year	EUR	
14	035	Renewal fee for the 5th year	EUR	
15		Extension fee(s) for 4:	EUR	
16	021	Fee for preliminary examination	EUR	1,530.00
17	164	Handling fee	EUR	159.00
18			EUR	
19			EUR	
20			EUR	
21			EUR	
22		Total	EUR	1,689.00

Signature Dott. Franco Cicogna

Place, Date Milan, 04.11.03